

## **POLICIES AND PROCEDURES: Court-Referred Evaluations**

### ***Please Read the Following Carefully Before Signing***

UMSL – Center for Behavioral Health (CBH) is a clinic associated with the doctoral training program in Clinical Psychology at UM-St. Louis. In most cases, clients will be seen by doctoral level licensed psychologists or psychological residents, psychology interns, or doctoral students in Clinical Psychology who will be supervised by licensed psychologists on the CBH staff (referred to as "providers").

**Evaluation Process.** This evaluation is conducted at the request of a third party and therefore differs from other psychological services. A court-referred evaluation is not medical care. This examination is not for purposes of treatment or counseling, is not intended to benefit you personally, and it will not be used to suggest or guide clinical diagnosis or treatment. The evaluation will consist of one or more clinical interviews, psychological testing, and records review. You will be asked to sign authorizations for release of information, so CBH providers have consent and authority to request and receive your records. Upon completion of the process, the CBH provider will prepare a written report for submission to the third party who requested the evaluation. The third party may use the written report in legal or other proceedings. If you have any concerns about the use or distribution of this report, you should discuss these issues carefully with your attorney.

**Compliance.** Your participation in the evaluation process is voluntary and you may refuse to participate in any part of the process at any time. There may be legal and/or financial consequences to your refusal to participate, including your obligation to compensate CBH for the full cost of the evaluation and the final report. Your non-compliance will be documented and may be included in the written report. It is in your best interest to consult your attorney prior to ending your participation in the evaluation process. Refusal to sign authorizations for release of information to allow us to access relevant records or speak with collateral sources may result in our decision to discontinue the evaluation.

**Maintenance of confidential case file.** CBH will protect the confidentiality of your information and records to the extent required by law, but the evaluation and written report are **not confidential**. You have no expectation of privacy to any communication or information provided during or for the court-referred evaluation. CBH may be required to disclose information by court order or other legal requirement, but CBH will make every effort to ensure only information necessary to meet that legal obligation is shared. Further, CBH providers and staff have an obligation to disclose certain information, including any determination that you are dangerous to yourself or another person, or if you reveal a child under 18 or an elderly person has been abused. For a more detailed description of the limits of confidentiality and the potential uses of your Protected Health Information, please review our Notice of Privacy Practices

**Consultation.** Consultation with CBH staff may be conducted as necessary to meet the training needs of the program, as well as professional standards and legal requirements. In addition, other consultations with CBH staff may be conducted as necessary for evaluation purposes. As with case files, information shared in consultations and supervision is treated confidentially.

**No Physician-Patient Relationship.** CBH providers are not your treating physician nor will they provide a clinical treatment plan for you. The evaluation process does not create a physician-patient relationship.

**Cancellation Policy.** There is a 24-hour cancellation policy. Please make every effort to cancel all sessions 24 hours in advance. We reserve the right to terminate evaluation services due to repeated late cancellations or failed appointments. Attendance concerns will be documented in the written report provided to the third party.

**Fee Information.**

- a. CBH will not seek payment from you for these services if you consent to the transmission of the final written report. CBH partners with grant funders for payment of the fee for the evaluation, including test scoring, interpretation, report writing, test feedback, and case management.
- b. A reasonable handling and copying fee may be charged for additional copies of assessment reports.
- c. Your written authorization is required for us to send the report/summary to the third party requesting the court-referred evaluation. Your signature on this form indicates your consent to have that report sent to the third party and potentially used in legal proceedings.

Should you decline to authorize the transmission of your evaluation report to the third party requesting the court-referred evaluation, then, you will be required to pay the full cost of the evaluation, up to \$2,749.00.

**Questions or Complaints About Services.** Questions or concerns that you have about the services you received should be discussed with your provider. If after discussing the issues with your provider you still are not satisfied, please call your provider's supervisor or the Director of CBH or file a written complaint in the clinic. Complaint forms are available in the CBH office. The complaint will be reviewed by the Director of CBH.

**By Signing This Consent, I Certify:**

- I have read or had this document read to me in its entirety and my questions about the document and its contents are answered.
- I acknowledge and agree that this Consent may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature, or electronically scanned and transmitted versions of an original signature.
- I understand and agree to the nature and purpose of this evaluation, and consent to the psychological evaluation.
- I understand that this evaluation/consultation will involve interview(s) and/or psychological testing. I further understand that it is important that I be as honest as possible when answering questions and that the results of this consultation or assessment may affect the status of my case.
- I understand that the evaluation report will be provided to third party requesting the court-referred evaluation, and I can obtain a copy from CBH at a reasonable cost or from that third party.

I understand that I may refuse to participate in this evaluation/consultation at any time, but that such refusal may have financial and/or legal consequences.

Client Name: \_\_\_\_\_ Client Date of Birth: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_